

PRETRIAL STIPULATIONS

(Kansas Adm. Reg. 51-3-8)

K-WC 139 (Rev. 3-12)

Re: _____ Clmt Atty: _____
vs: _____ Resp Atty: _____
and: _____ Fund Atty: _____
Docket No.: _____ Date of Hearing: _____

Notice of Hearing Objections? Form? _____ Service? _____

Questions to Claimant:

1. In what county is it claimed that claimant met with personal injury by accident or repetitive trauma? _____
Do the parties stipulate that the regular hearing may be conducted in the county in which it is scheduled to be held?
☐ YES ☐ NO (OR: The parties stipulate that the hearing may be held in _____ county.)
2. Upon what date(s) is it claimed that claimant met with personal injury:
a) By accident? _____
b) By repetitive trauma? _____

Questions to Respondent:

1. Does respondent admit that claimant met with personal injury by accident on the date alleged? ☐ Admitted ☐ Denied
2. Does respondent admit that claimant met with personal injury by repetitive trauma on the date alleged? ☐ Admitted ☐ Denied
3. Does respondent admit that claimant's alleged personal injury "arose out of and in the course of" claimant's employment? ☐ Admitted ☐ Denied
4. Does respondent admit proper notice? ☐ Admitted ☐ Denied
5. Does respondent admit that the relationship of employer and employee existed on the date(s) of the alleged accident or repetitive trauma? ☐ Admitted ☐ Denied
6. Does respondent admit that the parties are covered by the Kansas Workers Compensation Act? ☐ Admitted ☐ Denied
7. Did respondent have an insurance carrier on the date(s) of the alleged accident or repetitive trauma? ☐ YES ☐ NO
If YES, name of company: _____
Was the respondent self-insured? ☐ YES ☐ NO A member of a group-funded pool? ☐ YES ☐ NO
8. Does respondent admit that the accident or repetitive trauma was the prevailing factor causing the injury, the medical condition, need for treatment and the resulting disability or impairment? ☐ Admitted ☐ Denied

Questions to Both Parties:

1. Is there an agreement on the average weekly wage? ☐ YES ☐ NO If YES, amount: _____

If no agreement, then parties are expected to provide me with this information within 30 days of this date. If not received within that time, the respondent will be bound by claimant's testimony.

2. Has any compensation been paid? ☐ YES ☐ NO

If YES: Temporary Total

Temporary Partial

Total amount: _____

Total amount: _____

Number of weeks: _____

Number of weeks: _____

Dates: _____

Dates: _____

Rate: _____

Rate: _____

Agreed: ☐ YES ☐ NO

3. What are the additional dates of temporary total disability, if any are claimed? _____

4. a) Has any medical or hospital treatment been furnished? ☐ YES ☐ NO

b) What medical and hospital expenses have been paid? Total amount: _____
(Read into record amount paid and to whom paid)

c) Is claimant making claim for any future medical treatment? ☐ YES ☐ NO

5. Has claimant incurred any medical or hospital expense for which reimbursement is claimed?

Bills: ☐ YES ☐ NO Amount: _____
(Read into record or submit by letter within 30 days)

Mileage: ☐ YES ☐ NO Amount: _____
(Read into record or submit by letter within 30 days)

Unauthorized Medical: ☐ YES ☐ NO Amount: _____

6. Are either nature or extent of disability an issue? ☐ YES ☐ NO

If NO, what are the nature and extent of the disability? _____

7. Is the Workers' Compensation Fund to be impleaded as an additional party? ☐ YES ☐ NO

Fund's liability? _____

8. Is there an agreement upon a functional impairment rating? ☐ YES ☐ NO If YES, rating: _____

If NO, what ratings are available?

9. What evidence is scheduled by the claimant? _____

10. By the respondent? _____

Terminal Dates:

Claimant: _____

Respondent: _____

Fund: _____